

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Characteristics of self-management among patients with complex health needs: a thematic analysis review
<b>AUTHORS</b>	Gobeil-Lavoie, Annie-Pier; Chouinard, Maud-Christine; Danish, Alya; Hudon, Catherine

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Sue Lasiter, PhD, RN University of Missouri, Kansas City United States
<b>REVIEW RETURNED</b>	05-Jan-2019

<b>GENERAL COMMENTS</b>	<p>This is a good review and the paper is well written. There are a couple of additions that would make the paper better:</p> <ol style="list-style-type: none"><li>1. You mention that patients' healthcare providers are perceived as partners in self management however the provider is depicted as merely a consultant. I expected to see more of a "working together" perspective in the themes.</li><li>2. There is no mention of social support (e.g. significant others, partners, family) in self management. This is a significant part of self management. Discussion of the role of social support would add further completeness to the paper.</li><li>3. Self-efficacy is a very important part of self management however I did not get the link between self efficacy (the belief that I can do this) and normalization of lower health status (expecting that I will be as healthy as those around me). These are two different concepts (themes) and might be a new and important finding for providers to consider when providing support for self-management!</li></ol>
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<b>REVIEWER</b>	Lorraine Smith University of Sydney
<b>REVIEW RETURNED</b>	28-Feb-2019

<b>GENERAL COMMENTS</b>	<p>A very interesting paper addressing an important health research question which has implications for clinical practice. My comments are below:</p> <ol style="list-style-type: none"><li>1. Abstract: Objective: I think the first sentence is redundant, as it doesn't actually mean very much. I would simply omit it.</li></ol>
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	<p>Methods: you need to be more specific about the type of thematic analysis you conducted as described by Miles, Huberman and Saldana.</p> <p>Results: Your sentence 'they are more at risk ...' - you need a comparator, ie. more at risk compared to what?</p> <p>2. Strengths and limitations of this study: I think your dot points are not particularly illuminating and could be re-written to capture more salient points of your study.</p> <p>3.Introduction: Missing word 'with' in first sentence. Last sentence, first para (line 9) - this is absolutist language and doesn't account for the many people who simply don't (for a whole host of reasons) develop self-management skills.</p> <p>4. Methods: Last sentence of Design section (line 35) about Hudon - this is interesting but is it relevant? What are the strengths of the Hudon study? Was it adapted by you for your study? More information is needed. If it is not relevant then it should be omitted. Analysis and Synthesis, page 9, first sentence - the Miles, Huberman and Saldana text is very broad ranging and covers a lot of territory. You need to be more specific about exactly which of their techniques you adopted.</p> <p>5. Results: Page 9, line 54, sentence about Table 1 - many of the articles listed in this Table are not in the Reference List. Page 11, second sentence about 'A depressive stage may give patients the impression that they will never be capable ...' - using 'never' is absolutist language. We can't be sure of these things. Suggest you re-phrase. Page 11, line 14, heading 'Increased risk of presenting poor self-efficacy' - suggest you remove 'presenting'. Also, your first two sentences in that section are not strictly results. They may be better placed in the Intro. Any quotes need to be referenced with page numbers. Line 13/14, sentence 'Patients presenting WITH numerous comorbidities are more at risk of presenting poor self-efficacy'. I would remove 'presenting' and add the missing 'with'.</p> <p>6.Discussion: Your first sentence on page 12, 'This thematic analysis ...' indicates that both theoretical and empirical literature were synthesised. I think this is problematic - first of all, if theoretical literature was included in the analysis it should be mentioned in the Methods section. Secondly, if both theoretical and empirical studies were combined, the findings should be teased out because you can't really make clinical recommendations based on theoretical findings. Theories need to be tested. This should also, if appropriate, be addressed in the Limitations section on page 15.</p> <p>7. Conclusions: You mention in your first sentence that socioeconomic insecurity exacerbates self-management of complex health conditions. This is the first time you have discussed this - if it's worthy of comment on in the Conclusion (and in your Abstract) it should be addressed in the Discussion.</p>
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## VERSION 1 – AUTHOR RESPONSE

REVIEWER: 1

Comment: This is a good review and the paper is well written. There are a couple of additions that would make the paper better.

Response: Thank you for this positive feedback and for all relevant comments aiming to improve the paper.

Comment: You mention that patients' healthcare providers are perceived as partners in self-management however the provider is depicted as merely a consultant. I expected to see more of a "working together" perspective in the themes.

Response: We agree that providers and patient partnership is essential in self-management support. However, in this article, we focused on the experience of self-management of people with complex health needs and not on self-management support. It would be very relevant to deepen this aspect in further research.

Comment: There is no mention of social support (e.g. significant others, partners, family) in self-management. This is a significant part of self-management. Discussion of the role of social support would add further completeness to the paper.

Response: We agree with this suggestion and stressed the importance of social support in the results (page 12).

Comment: Self-efficacy is a very important part of self-management however I did not get the link between self-efficacy (the belief that I can do this) and normalization of lower health status (expecting that I will be as healthy as those around me). These are two different concepts (themes) and might be a new and important finding for providers to consider when providing support for self-management!

Response: We agree that self-efficacy and normalization of lower health status are two different concepts, but we reported what Coventry et al. reported in their study. We tried to be more explicit on their findings (page 12).

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REVIEWER: 2

Comment: A very interesting paper addressing an important health research question which has implications for clinical practice. My comments are below:

Response: Thank you for this positive feedback.

1. Abstract:

Comment: Objective: I think the first sentence is redundant, as it doesn't actually mean very much. I would simply omit it.

Response: We agree with this suggestion and removed this sentence (page 3).

Comment: Methods: you need to be more specific about the type of thematic analysis you conducted as described by Miles, Huberman and Saldana.

Response: We added more information about thematic analysis in the abstract (page 3) and in the analysis section (page 8).

Comment: Results: Your sentence 'they are more at risk ...' - you need a comparator, ie. more at risk compared to what?

Response: We removed the word «more» (page 3).

## 2. Strengths and limitations of this study

Comment: I think your dot points are not particularly illuminating and could be re-written to capture more salient points of your study.

Response: We re-wrote this section (page 4).

## 3. Introduction

Comment: Missing word 'with' in first sentence.

Response: We added the word 'with' in the first sentence (page 5).

Comment: Last sentence, first paragraph (line 9) - this is absolutist language and doesn't account for the many people who simply don't (for a whole host of reasons) develop self-management skills.

Response: We agree with this comment and modified the sentence (page 5).

## 4. Methods

Comment: Last sentence of Design section (line 35) about Hudon - this is interesting but is it relevant? What are the strengths of the Hudon study? Was it adapted by you for your study? More information is needed. If it is not relevant, then it should be omitted.

Response: This sentence is relevant. We explained that we used the same synthesis process as the Hudon et al. study (page 6).

Comment: Analysis and Synthesis, page 9, first sentence - the Miles, Huberman and Saldana text is very broad ranging and covers a lot of territory. You need to be more specific about exactly which of their techniques you adopted.

Response: We added information to be more specific in the abstract (page 3) and in the analysis (page 8) sections.

## 5. Results

Comment: Page 9, line 54, sentence about Table 1 - many of the articles listed in this Table are not in the Reference List.

Response: Thank you for the comment. We made corrections in the reference list.

Comment: Page 11, second sentence about 'A depressive stage may give patients the impression that they will never be capable ...' - using 'never' is absolutist language. We can't be sure of these things. Suggest you re-phrase.

Response: We re-phrased to be less absolutist (page 12).

Comment: Page 11, line 14, heading 'Increased risk of presenting poor self-efficacy' - suggest you remove 'presenting'.

Response: Thank you. We removed it.

Comment: Also, your first two sentences in that section are not strictly results. They may be better placed in the Intro.

Response: We agree that these two sentences could have been put in the introduction, but we decided to keep them in the results.

Comment: Any quotes need to be referenced with page numbers.

Response: We added page numbers for quotes.

Comment: Line 13/14, sentence 'Patients presenting WITH numerous comorbidities are more at risk of presenting poor self-efficacy'. I would remove 'presenting' and add the missing 'with'.

Response: We made these changes (page 12).

## 6. Discussion:

Comment: Your first sentence on page 12, 'This thematic analysis ...' indicates that both theoretical and empirical literature were synthesised. I think this is problematic - first of all, if theoretical literature was included in the analysis it should be mentioned in the Methods section. Secondly, if both theoretical and empirical studies were combined, the findings should be teased out because you can't really make clinical recommendations based on theoretical findings. Theories need to be tested. This should also, if appropriate, be addressed in the Limitations section on page 15.

Response: Your comment was appropriate. We removed this sentence (page 14).

## 7. Conclusions:

Comment: You mention in your first sentence that socioeconomic insecurity exacerbates self-management of complex health conditions. This is the first time you have discussed this - if it's worthy of comment on in the Conclusion (and in your Abstract) it should be addressed in the Discussion.

Response: We agree with this comment, so we addressed this aspect in the discussion instead of the conclusion (page 14).

**VERSION 2 – REVIEW**

<b>REVIEWER</b>	Lorraine Smith University of Sydney
<b>REVIEW RETURNED</b>	25-Apr-2019

<b>GENERAL COMMENTS</b>	All concerns expressed in my first review have been adequately addressed.
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